Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the standory requirement set forth in IC 5-2-15-3.

Date:	<u>03/14/08</u>	Address:	11973 N. S.R. 19	
Case #:	<u>16-17914</u>		Roaun, Indiana 46974	
County:	<u>Miami</u>			
Type of La	aboratory Seizure (check one)	Scizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) \[\sum \text{Lithium/Ammonia Reaction(s): } \frac{\text{Utility Room}}{\text{Utility Room}} \]				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Kitchen				
Water Reactive Metal (Lithium): Kitcheu				
Anhydrous Ammonia: Vehicle				
☐ Hydrochloric Acid Gas Generator(s): <u>Kitchen</u>				
Corrosive Acid: Kitchen				
Corrosive Base:				
Other (i	tem and location):			
Child under age 18 discovered (check one) Yes 0 (number present) No *If yes, fax report to Child Protective Services		Ephedrina	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	t is to be faxed to the following agen	cies that serve the lo	ocation:	
Health Depa	ment: <u>Roann VFD</u> artment: <u>Miami County</u> ction Service: <u>N/A</u>	Fax: (765)	Fax: (765) 833-2221 Fax: (765) 473-0285 Fax:	
For further i Investigatin	information regarding this methamphe g Officer: <u>R.A. Burgess</u> Phot	etamine laboratory, co ne <u>765-473-6666</u>	mtact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.